## BEST AVAILABLE COPY

								<b>1</b> ^	Application	on or Docket Number		
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									•	1	1	1 – .
									AMA-	1/	5090	ITET
CLAIMS AS FILED - PART I						SMALI			NTITY		OTHER	
Τſ	OTAL CLAIMS	<u> </u>		(Column 1)		(Column 2)		PE [		OR T		
			30					RATE FEE			RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			30 minus 20=		*	10		X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM P			3 minus 3 =		4	0		<b>K40</b> =		OR	X80=	_
MIL	JLIIPLE DEPEN	NDENT CLAIM P	RESENT				+135			OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						T	OTAL		OR	TOTAL	840	
CLAIMS AS AMENDED - PART II										•	OTHER	
_		(Column 1)	Telefic services	(Colun		(Column 3)	SN	JALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIC PAID F	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME			Minus	***	F CL AINA	= X40		40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDER			JENDENI	CLAIM		+1	135=		OR	+270=	
								TOTAL		ו הרו	TOTAL	
		(Column 1) (Column 2) (Column						IT. FEE		<b>]</b>	ADDIT. FEE	
IDMENT B	W.	CLAIMS		HIGH	IEST				ADDI-	1 [	r i	ADDI-
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	DUSLY	PRESENT EXTRA	R	ATE	TIONAL		RATE	TIONAL FEE
QN	Total	*	Minus	**		=	X5	\$ 9=		OR	X\$18=	- ··   .
AMEN	Independent	FIRST PRESENTATION OF MUL		S ***			X,	40=		OR	X80=	
	FINOI PRESE	NTATION OF MIC	JLIIPLE DEF	LIPLE DEPENDENT		CLAIM [		35=		lt	+270=	
								TOTAL	<b> </b>	OR	TOTAL	
								T. FEE	<u> </u>	OR ,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT	64	NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	*	Minus	**		=	X\$	6 9=		OR	X\$18=	
AME	Independent		Minus	***		=	X4	10=		ŀ	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		<u> </u>	<del>-</del>		OR		
• 1	f the entry in colu	mn 1 is less than th	entry in colu	ımn 2 yırita	"O" in col			35=		OR	+270=	
**	lf the "Highest Nur	mber Previously Pa	aid For" IN THIS	S SPACE is	less than	n 20. enter "20."		OTAL I. FEE		OR A	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												